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CONFIRMATION NO. 1654

SERIAL NUMBER 10/604,655	FILING DATE 08/07/2003 RULE	CLASS 604	GROUP ART UNIT 3761	ATTORNEY DOCKET NO.
APPLICANTS Parsa Shahinpoor, Albuquerque, NM;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 09/05/2003				
Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NM	SHEETS DRAWING 2	TOTAL CLAIMS 13
Verified and Acknowledged Examiner's Signature	Initials	INDEPENDENT CLAIMS 1		
ADDRESS 27232 MOHSEN SHAHINPOOR 909 VIRGINIA, NE, SUITE 205 ALBERQUERQUE , NM 87108				
TITLE Soft Contact Patch for Treatment of Amblyopia				
FILING FEE RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____		

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